

## RESIDENTIAL ONLY

Thomas Collins Building, Suite 5  
540 S. DuPonty Hwy  
Dover, DE 19901  
Phone: 302 744-1220  
Fax: 302 739-1957



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health  
Environmental Health Field Services

Sussex County Health Unit  
544 South Bedford Street  
Georgetown, DE 19947  
Phone: 302 856-5122  
Fax: 302 856-5065

### PLUMBING PERMIT APPLICATION

(PLUMBING PERMIT TO BE SECURED 24 HOURS BEFORE WORK STARTS)

Name of Plumber (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_  
Signature & Licence Number of Plumber \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Builder/Contractor \_\_\_\_\_ Property Owner \_\_\_\_\_

The following abstract of specification of plumbing with description and plan is submitted for approval:

#### JOB SITE INFORMATION

Road Number \_\_\_\_\_ Lot Number \_\_\_\_\_  
Road Name \_\_\_\_\_ Nearest Town \_\_\_\_\_  
911 Number \_\_\_\_\_ Kent County or Sussex County \_\_\_\_\_

Directions to job site, be specific: \_\_\_\_\_

#### DESCRIPTION OF PLAN

Number of Stories \_\_\_\_\_

|           |                   | FIXTURES | SOIL OR WASTE PIPE |          | VENT PIPE |          |
|-----------|-------------------|----------|--------------------|----------|-----------|----------|
|           |                   | How Many | Size               | Material | Size      | Material |
| BATH      | Water Closet      |          |                    |          |           |          |
|           | Lavatory          |          |                    |          |           |          |
|           | Bath Tub          |          |                    |          |           |          |
|           | Shower            |          |                    |          |           |          |
|           | Bidet             |          |                    |          |           |          |
| KITCHEN   | Kitchen Sink      |          |                    |          |           |          |
|           | Dishwasher        |          |                    |          |           |          |
|           | Ice Maker         |          |                    |          |           |          |
| UTILITIES | Washer            |          |                    |          |           |          |
|           | Utility Sinks     |          |                    |          |           |          |
|           | O/S Hose Bib      |          |                    |          |           |          |
|           | O/S Shower        |          |                    |          |           |          |
|           | Water Conditioner |          |                    |          |           |          |
|           | Water Heater      |          |                    |          |           |          |
| OTHER     | Bar Sink          |          |                    |          |           |          |
|           |                   |          |                    |          |           |          |
|           |                   |          |                    |          |           |          |

#### FOR OFFICIAL USE ONLY

Types of Inspections Requested:  
(48 Hour Notice Required)

1. UG
2. RI
3. F

PERMIT ISSUED \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_  
Plumbing Inspector

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